ISSUE SLIP STAPLE AREA (for additional cross references) DATE INITIALS ID NO. **POSITION FEE DETERMINATION** O.I.P.E. CLASSIFIER **FORMALITY REVIEW** RESPONSE FORMALITY REVIEW BEST AVAILABLE COPY **INDEX OF CLAIMS** Non-elected Rejected Allowed Interference Appeal (Through numeral)... Canceled Restricted Objected Date Claim Date Claim Date Final Original Final Original (8)

17 \ 18

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)